

DEAR EDITOR: Recently there has come under my observation an entirely new treatment for typhoid fever which is as follows: Poland water, two quarts daily; quinine sulphate, four grains every four hours. Nourishment not allowed under any consideration, as the physician says it ferments, causing gas to generate in the intestinal tract, producing tympanitis. What I mean by nourishment is milk, beef-juice, beef-tea, or predigested food. Although very considerable prostration often occurs in such cases, stimulants are not given until the pulse becomes thready. If the temperature is above 102°, a cold sponge is given every three hours, and cold water in an ice-bag is applied to the head, but not continuously. Nothing is given for constipation, and in case No. 2 there was no defecation for fifteen days, yet nothing was given, and the physician considered this a favorable condition. When the temperature is normal for six days milk gruel is given, two ounces every two hours. This is made by mixing two teaspoonfuls of flour with two cups of water and two cups of milk. This is given for several days and then general diet.

I have seen three cases treated by this method; result, one died and two recovered.

To condense this treatment it narrows down to two quarts of Poland water daily and four grains of quinine sulphate every four hours.

The physician claims that by this treatment the duration of the disease is shortened and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal is lessened. I would like to know very much if any nurse ever saw this treatment used.

A SUBSCRIBER.

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DEAR EDITOR: I wish to say a word about an article in the February JOURNAL, written by a graduate, with regard to the disposal of soiled dressings. The paper bag she speaks of is an excellent way to carry the dressings. But it does not seem to me to be the proper thing to burn such dressings in the kitchen range, especially the muslin squares used for the expectoration of phthisical patients. Here are my reasons: First, the family and cook would be very much disgusted to see such dressings brought into the kitchen at all, especially when we stop to think that meats are broiled and toast made over this same fireplace. Nurses must be very careful of the impressions they make, not only on the family, but also on the help employed there. In the second place, the majority of cooks object to having either paper or rags thrown on a coal fire, as they claim it spoils it. The nurse in question says she burns the dressings when the cook has finished with the fire; she does not say whether it is after she has finished after meal-time or when she has finished in the evening. Why not throw these dressings and muslin squares into the empty furnace for a day or two, and then, by the aid of a few papers or a small bundle of wood, burn them in that way in summer? Some people have laundry stoves, where they could be burned. In the absence of a furnace or laundry stove the dressings could be burned by putting them in an old pan or kettle and burning them in the back yard. Of course, the nurse could not trust anyone else to burn them in the yard in dry, hot weather on account of the danger of fire. The kitchen range should not be used unless it is absolutely necessary, and then only after the cook has finished with the fire and kitchen in the evening. I would be glad to hear from anyone who could offer a better way of disposal.

Dear Editor, I do not know what we would do without the JOURNAL. It is

a great educator for nurses who do private duty. It keeps us in touch with the new things in the profession. A great many of us did not know who the lights of the profession were until we read their papers and names in the JOURNAL. The foreign news is very interesting.

BROOKLYN GRADUATE.

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DEAR EDITOR: Has anyone realized what the new-fashioned long cloak is doing for us?

The hospital nurse in her hours off duty slips it on over her uniform and goes out. On her return she wears that same uniform into the ward.

The surgeon on entering the hospital and before he sees his patients takes off his cloth coat and puts on a linen one. The nurse enters the wards with the dress that has been in the crowded departmental store or the dirty street-car, thus bringing danger in her footsteps.

The life-history of the washing dress we know. From laundry to Nurses' Home, from home to ward, and then again back to laundry, where each time it is thoroughly sterilized, but who knows the life-history of that long, loose-backed garment,—the Raglan, the automobile, or what else may be its name?

Truly our enemies are even those of our own household. Any nurse who really believes in asepsis should carry it out with soul and body, and surely she is not doing this with the latter when she wears her uniform in the public streets.

EMILY MACDONNELL,

Albany Hospital.

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ATHENS, GREECE, January 30, 1902.

DEAR EDITOR: THE AMERICAN JOURNAL OF NURSING is a dear friend of mine out here in Turkey, where so little is said or done about hospital work, medicine, or nursing. It keeps me in close touch with my profession, and I find it very valuable.

Yours truly,

K. G. KLONARE.

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

